Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number 8 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR **TOTAL** CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHES' PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**AMENDMENT EXTRA AFTER PREVIOUSLY** TIONAL **TIONAL** AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) 3 Minus X \$ X S **OR** Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CL AIMS HIGHEST  $\mathbf{m}$ REMAINING **PRESENT** NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENDMENT **AFTER** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) X S OR Independent (37 CFR 1.16(b)) Minus X S = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER **PRESENT** RATE ADDI-RATE ADDI-ENT **PREVIOUSLY EXTRA AFTER** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total ENDME Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

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32301-2 000

**Application or Docket Number** 

		CLAIMS AS	S FILED - PART I		(Column 2)			SMALL ENTITY TYPE		OTHER OR SMALL		
TOTAL CLAIMS			2				ſ	RATE	FEE	) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			∠ minus 20=		• ၅			X\$ 9=		OR	X\$18=	- W.
INDEPENDENT CLAIMS			/ minus 3 =		6			X42=		OR	X84=	<b>-</b>
MULTIPLE DEPENDENT CLAIM P			RESENT				Ì	+140=		OR	+280=	
" If the difference in column 1 is less than zero, enter "O" in column						olumn 2	L	TOTAL		OR	TOTAL	750
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Colur		(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 2	Minus	**		e		X\$ 9=		OR	X\$18≃	
AME	Independent	NTATION OF MI	Minus	SENIDENT	C 0104	8	1 [	X42=		OR	X84=	
	FIRST PRESE	NIATION OF MI	JETIPLE DEI	PENDENI	CLAIM		, [	+140=		OR	+280=	
	Va.	scho	et				L	TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)										]	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		AIGH NUM PREVK PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total		Minus	**			] [	X\$ 9=		OR	X\$18=	
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								YOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	· /	Minus			E	11	X\$ 9=		OR	X\$18=	
M	Independent	• /	Minus	ees DENDEAD	F (2) 411-4	<u>-</u>	11	X42=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+280=	
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  * If the Phighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  * ADDIT. FEE  OR +280=  TOTAL  ADDIT. FEE												
		nber Previously Pa					er fau	nd in the app	ropriate ba	x in co	lumn 1.	